

Asset Disposal Request Form

Date of Request:

Requestor Name:

Department:

Contact Information:

Asset Details

Asset Tag/ID	Description	Model/Serial Number	Acquisition Date	Estimated Value	Reason for Disposal
<input type="text"/>	<input type="text" value="Obsolete"/> <input type="button" value="▼"/>				

Proposed Disposal Method

Donation Recycling Sale Discard

Additional Information/Comments

Approvals

Position	Name	Signature	Date
Department Head	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asset Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>
Finance Office	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Please attach supporting documents (e.g., photos, inspection reports) as needed.